Mr. Speaker, health care demands the most attentive and considerate among us, those who are faithful, loyal, and steadfast. It is a profession that requires individuals who are courteous, thoughtful and kind. Mrs. Olga M. Jones has reflected those qualities in all that she has done, over the years. She is an inspiration, a breath of fresh air, a pillar of strength, a tough lady with a tender heart. She has dared to be different, and she has made a difference

One must gasp for air when reviewing all that Mrs. Jones has done. She has taught nursing classes. She has given instruction in nutrition. She has organized exercise classes. She has recruited many, many volunteers for community work. She has coordinated youth programs. She has organized blood drives. And, she is a member of numerous civic organizations. Despite all that she does, this loving wife and devoted mother keeps the proper priorities in perspective, reserving important time and effort to family and church. I urge all of my colleagues to join me in saluting, Mrs. Olga M. Jones, a 1999 Distinguished Woman of North Carolina.

IN HONOR OF ANTHONY C. REGO AND DONNA KELLY REGO

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES Wednesday, June 23, 1999

Mr. KUCINICH. Mr. Speaker, I rise today to pay tribute to Anthony C. Rego and Donna Kelly Rego, on the occasion of being honored with The John R. Cunin Lamplighter Humanitarian Award. This award is to honor philanthropic leaders whose involvement in business and community assists individuals and families in meeting their needs through programs of service and empowerment.

Anthony C. Rego is a dedicated businessman is the supermarket industry. As a teenager, he started his career in the supermarket industry by working in the family grocery business. He helped the family business grow from two supermarkets to ten stores by dedicating 25 years of his life in the Rego's Stopn-Shop Supermarket chain. His motivation and hard work has granted him several awards such as, Cleveland Food Dealers Association "Retailer of the Year" Award in 1983, the "Leadership and Service Award" in 1989 from the Associated Grocery Manufactures Representatives, and the Cleveland Food Dealers "Honor Award" in 1993. In 1997 Mr. Rego received the Ohio Grocers Association's "Industry Service Award."

Donna Kelly Rego presently serves as Chairperson of the MetroHealth System. For the past twenty-one years, Mrs. Rego has served as Pastoral Associate at St. Malachi Church and is presently engaged as an organization specialist working with religious and non-profit organizations. Also, Mrs. Rego is an educator and a certified pastoral Minister in the Diocese of Cleveland. Mrs. Rego currently chairs the Board of Trustees for the St. Malachi Center and serves as trustee for the Cleveland Health Network, the Center for Health Affairs, the Federation for Community Planning and the Benjamin Rose Center. She has received several awards such as: The Henry F. Meyers Award, Outstanding Women of Achievement (Cleveland YWCA, 1992), Belle Sherwin Award (League to Woman Voters 1993), Crain's Women of Influence (1997).

I ask that my distinguished colleagues join me in commending Anthony C. Rego and Donna Kelly Rego for their lifetime dedication, service, and leadership to their community. Their large circle of family and friends can be proud of the significant contribution these prominent individuals have made. Our community has certainly been rewarded by the true service and uncompromising dedication of Anthony C. Rego and Donna Kelly Rego.

INTRODUCTION OF THE TAMPON SAFETY AND RESEARCH ACT OF 1999 AND THE ROBIN DANIELSON ACT

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES Wednesday, June 23, 1999

Mrs. MALONEY of New York. Mr. Speaker, earlier this year I introduced two important pieces of women's health legislation—H.R. 890, The Tampon Safety and Research Act of 1999, and H.R. 889, The Robin Danielson Act. The research and reporting called for in these bills will finally give women the accurate information they need to make informed decisions about their health as it relates to tampon use.

Why is the issue of tampon safety important? Because tampons are used by 73 million American women—that's 53% of American women and almost a third of the total population. A woman may use as many as 16,500 tampons in her lifetime. Given these numbers, shouldn't we be certain that these products are safe?

I introduced two tampon safety bills because there are two separate issues that must be addressed.

Why is The Tampon Safety and Research Act important? Because tampons and other related products often contain additives, synthetic fibers, and dioxin. Dioxin is a toxic byproduct of the paper manufacturing process. Wood pulp, as well as the rayon used in nearly all tampons, undergo several production processes, including bleaching. The majority of pulp and paper producers use a chlorine bleaching method that results in the formation of dioxin and other contaminants. As a result, trace amounts of dioxin are present in most paper products, from toilet paper to tampons.

Dioxin is also found in varying levels throughout the environment, but are women being subjected to additional and potentially avoidable exposures to dioxin through tampon use? Let me put dioxin in perspective, because we only have to consult recent history to know of the potentially disastrous effects of this substance. Dioxin is a member of the organochlorine group, which includes the contaminants found in Agent Orange, the Vietnam War-era defoliant, and at Love Canal.

But let's consult the experts as well. According to a 1994 report issued by the Environmental Protection Agency, dioxin is a known cancer-causing agent in animals, as well as a probable human carcinogen. My bill is specifically concerned with the possible links between dioxin in tampons and ovarian, cervical, and breast cancers, as well as other potential hazards.

A 1996 EPA study has also linked dioxin exposure with increased risks for endometriosis, an often painful menstrual-related condition that is a leading cause of infertility. Further, the EPA has concluded that people with high exposure to dioxin may be at risk for other effects which could suppress the immune system, increase the risk of pelvic inflammatory disease, reduce fertility, and possibly interfere with normal fetal and childhood development.

The EPA conclusions regarding dioxin exposure are particularly alarming in light of a 1989 Food and Drug Administration report, which stated that "possible exposures from all other medical device sources would be dwarfed by the potential tampon exposure." Why? Because the average woman may use as many as 16,500 tampons during her lifetime. If dioxin is putting women at risk, could the long-term use of tampons increase that risk?

What makes these toxic residues in tampons even more disturbing is they come in direct contact with some of the most absorbent tissue in a woman's body. According to Dr. Philip Tierno, Jr., director of microbiology and immunology at New York University Medical Center, almost anything placed on this tissue—including trace amounts of dioxin—gets absorbed into the body.

According to researchers, dioxin is stored in fatty tissue—just like that found in the vagina. And women have more body fat than men, possibly allowing them to more efficiently store dioxin from all sources, not just tampons. Worse yet, the effects of dioxin are cumulative, and can be measured as much as 20 or 30 years after exposure. This accumulation is cause for particular concern, because a woman may be exposed to dioxin in tampons for approximately 55 years over the course of her reproductive life.

The question, of course, is why it is acceptable to have this toxic substance in tampons—despite the advice of an FDA scientist to the contrary. A 1989 agency document reported that "the most effective risk management strategy would be to assure that tampons, and menstrual pads for good measure, contain no dioxin." Why has there been far more testing on the possible health effects of chlorine-bleached coffee filters than on chlorine-bleached tampons and related products? My bill seeks to address this inadequacy, and finally give women the most accurate, up-to-date information available regarding this critical health concern.

Although the FDA currently requires tampon manufacturers to monitor dioxin levels in their finished products, the results are not available to the public. When I—as a Member of Congress—requested the information, the FDA told me it was proprietary and therefore could not be released. It should be noted the dioxin tests relied upon by the FDA are done by the manufacturers themselves, who, not surprisingly insist their products are safe. Some of my constituents have written to say that this is the equivalent of the fox guarding the henhouse.

How much dioxin exposure is considered safe for humans? And does the fact that tampons are in direct contact with absorbent tissue, and for extended periods of time, make whatever levels of dioxin tampons possess even more dangerous? Is this the equivalent of a ticking time bomb, capable of increasing women's risks for several life-threatening or fertility-threatening diseases? Unfortunately